



# Quarterly Tax Report Form 5208 A

Washington State Employment Security Department

**USE BLACK INK ONLY AND ALL CAPS DO NOT COPY FORM - SEE INSTRUCTIONS**

ALSO, DO NOT STAPLE ANYTHING TO THIS FORM, YOU MAY USE PAPER CLIPS

PLEASE SEE INSTRUCTIONS FOR INFORMATION ON COMPLETING THIS FORM. YOU MUST USE CHANGE FORM 5208 C FOR ANY CHANGE TO BUSINESS STATUS OR ADDRESS. TO FIND MORE INFORMATION ON UNEMPLOYMENT INSURANCE TAX FORMS, YOU MAY REFER TO EMPLOYMENT SECURITY INTERNET SITE WWW.WA.GOV/ESD/TAX OR CALL THE EMPLOYER HELPLINE TOLL FREE AT 1-888-836-1900. TELETYPewriter/TELECOM (TTY), 1-800-833-6388.

1) DUE DATE: 043005      2) FEDERAL ID NUMBER: 11 0000X01      3) UBI NUMBER: 600 500 400 00      4) QTR ENDING DATE: 033105

5) BUSINESS NAME: JILL INC.      6) ES REFERENCE NUMBER: 987564-00

7) PREPARER'S INFORMATION  
 FIRST NAME: JILL      AREA CODE: 360      PHONE NUMBER: 5555555

MANDATORY FIELD - IF YOU DON'T HAVE AN ES REFERENCE NUMBER YOU MUST ALSO SUBMIT A CHANGE FORM (5208C) WITH NAME & ADDRESS COMPLETED

LAST NAME: BUSINESSWOMAN      FAX NUMBER: 760 5555555      PREPARATION DATE: 041505

8)  NO PAYROLL THIS QUARTER      COMPLETE #9 AND #10 BELOW AND MAIL OR FILE NO PAYROLL REPORTS VIA TOLL FREE EMPLOYER HELPLINE. 1-888-836-1900

9) SUM OF EXEMPT CORPORATE OFFICER EARNINGS AND ALL EXERCISED STOCK OPTIONS THIS QUARTER

0.00

(SEE INSTRUCTIONS)

10) NUMBER OF CORPORATE OFFICERS EXEMPT FROM COVERAGE THIS QUARTER

0

11) NUMBER OF EMPLOYEES OF ALL TYPES WHO WERE PAID WAGES DURING THE PAYROLL PERIOD WHICH INCLUDES THE 12TH DAY OF THE MONTH (SEE INSTRUCTIONS)

1ST MONTH: 2      2ND MONTH: 2      3RD MONTH: 2

12) TOTAL GROSS WAGES

FROM QUARTERLY WAGE DETAIL (5208 B) PAID FOR COVERED EMPLOYMENT THIS QUARTER REPORTABLE TO WASHINGTON STATE

17,000.00

13) EXCESS WAGES

ENTER TOTAL WAGES PAID DURING THIS QUARTER IN EXCESS OF \$ 30,500 PER EMPLOYEE SINCE JANUARY 1 (SEE INSTRUCTIONS) Includes out-of-state wages:  Yes  No

0.00

14) TAXABLE WAGES

SUBTRACT LINE 13 FROM LINE 12

17,000.00

15) UI TAX DUE FOR THIS QUARTER

MULTIPLY LINE 14 BY COMBINED TAX RATE .008 (\*SEE EXPLANATION BELOW)

136.00

16) EMPLOYMENT ADMINISTRATION FUND (EAF)

MULTIPLY TAXABLE WAGES (LINE 14) BY .0003

5.10

17) TOTAL TAX AMOUNT DUE

ADD LINES 15 AND 16

141.10

18) LATE PAYMENT PENALTY

(SEE INSTRUCTIONS)

0.00

19) INTEREST

(SEE INSTRUCTIONS)

0.00

20) LATE REPORT PENALTY

(SEE INSTRUCTIONS)

0.00

21) PRIOR BALANCE OR CREDITS

(SEE INSTRUCTIONS)

0.00

22) AMOUNT DUE

ADD LINES 17, 18, 19, 20, AND 21

141.10

23) AMOUNT REMITTED

MAKE CHECK PAYABLE TO EMPLOYMENT SECURITY DEPARTMENT PLEASE WRITE ES REF# ON CHECK

141.10

MAIL THE COMPLETED TAX (A) & WAGE (B) REPORTS AND YOUR CHECK TO: EMPLOYMENT SECURITY DEPARTMENT PO BOX 34729 SEATTLE, WASHINGTON 98124-1729

OFFICE USE ONLY	
DATE RECEIVED	M M D D Y Y
RECEIVED BY	CLASS CODE
DTO	

\*INCLUDED IN LINE 15 ABOVE:  
 EARNED TAX RATE  
 SOCIAL COST  
 ADJUSTED REDUCTION AMOUNT  
 SOLVENCY SURCHARGE



# Quarterly Wage Detail Report

Form 5208 B

Washington State Employment Security Department

**DO NOT COPY FORM - SEE INSTRUCTIONS**

**USE BLACK INK ONLY AND ALL CAPS** ALSO, DO NOT STAPLE ANYTHING TO THIS FORM. YOU MAY USE PAPER CLIPS.

1) DUE DATE

043005

2) UBI NUMBER (OPTIONAL)

600-500-400-00

3) QTR ENDING DATE

033105

4) ES REFERENCE NUMBER

987564-00

5) BUSINESS NAME

JILL INC.

6) EMPLOYEE'S SOCIAL SECURITY NUMBER

7) LAST NAME, FIRST NAME, MIDDLE INITIAL  
(14 CHARACTER MAXIMUM)

8) TOTAL HOURS  
(SEE INSTRUCTIONS)

9) TOTAL GROSS WAGES PAID THIS QUARTER

ex)	1	2	3	4	5	6	7	8	9	COPELAND	JONAT	5	2	0				0	0	0			
1)	1	2	3	4	5	6	7	8	9	CLAIMANT	JENNI	5	2	0				1	2	9	0	0	0
2)	8	0	0	0	0	8	0	0	0	BUSINESSWOMAN	H	1	0	0				4	1	0	0	0	
3)																							
4)																							
5)																							
6)																							
7)																							
8)																							
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16)																							
17)																							
18)																							
19)																							
20)																							

TOTAL GROSS WAGES PAID MUST EQUAL  
LINE 12 ON QUARTERLY TAX REPORT

\$ 17,000.00  
TOTAL WAGES PAID THIS PAGE



# Business Change Form

Form 5208 C

Washington State Employment Security Department

USE THIS PAGE ONLY IF THERE HAS BEEN A BUSINESS CHANGE OR IF YOU DO NOT HAVE AN ES REFERENCE NUMBER

1) QTR ENDING DATE

M	M	D	D	Y	Y
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2) CURRENT FEDERAL ID NUMBER

ENTER CORRECT FEDERAL ID NUMBER

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3) CURRENT UBI NUMBER

ENTER CORRECT UBI NUMBER

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4) ES REFERENCE NUMBER

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5) IF THE MAILING ADDRESS OF YOUR BUSINESS HAS CHANGED, PLEASE ENTER NEW INFORMATION IN THE BOXES PROVIDED BELOW.

MAILING ADDRESS / PO BOX

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CITY

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

STATE

--	--

ZIP CODE

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CHECK HERE IF THIS IS ALSO THE PHYSICAL LOCATION OF YOUR BUSINESS

6) CHANGE IN PRINCIPAL BUSINESS PHYSICAL LOCATION (IF YOU CHECKED THE BOX ABOVE, SKIP TO ITEM 6A)

STREET OR ROUTE NAME

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CITY

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STATE

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ZIP CODE

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6A) HAS YOUR PHONE NUMBER CHANGED? IF YES, ENTER THE NEW NUMBER BELOW

AREA CODE

--	--	--	--

PHONE NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

BUSINESS E-MAIL ADDRESS

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

7)  CEASED BUSINESS - NO SUCCESSOR, PLEASE CLOSE ACCOUNT

8)  CONTINUING BUSINESS - NO EMPLOYEES, PLEASE CLOSE ACCOUNT

9)  NO LONGER HAVE WASHINGTON EMPLOYEES - PLEASE CLOSE ACCOUNT

10)  CHANGE IN BUSINESS ACTIVITY (DESCRIBE)

11A)  NAME CHANGE, SOLD, LEASED OR OTHERWISE TRANSFERRED BUSINESS:

NAME CHANGE ONLY - OWNERSHIP DID NOT CHANGE. (COMPLETE NEW BUSINESS NAME BELOW)

FULL SALE

PARTIAL SALE

DATE OF SALE

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LAST DATE WAGES WERE PAID

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DATE LAST WAGES PAID

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CLOSE ACCOUNT AS OF WHAT DATE?

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12B) CHANGE IN BUSINESS ENTITY (COMPLETE NEW BUSINESS NAME AND UBI# BELOW)

CORPORATION

PARTNERSHIP

LIMITED LIABILITY COMPANY (LLC)

LIMITED LIABILITY PARTNERSHIP (LLP)

OTHER

NEW BUSINESS NAME

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ENTER NEW UBI NUMBER

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NEW OWNER'S LAST NAME

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FIRST NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

AREA CODE

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HOME PHONE NUMBER

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13) CHANGE OF OFFICERS OR PARTNERS (Enclose list of new and/or departing officers or partners with names, titles, SSN, home address and phone numbers.)

CHANGE FORM PREPARED BY - LAST NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PREPARER'S FIRST NAME

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AREA CODE

--	--	--	--

PHONE NUMBER

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### OFFICE USE ONLY

OFFICE NO.	STAFF ID	DATE	DTO
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MAIL THIS COMPLETED CHANGE FORM TO:  
EMPLOYMENT SECURITY DEPARTMENT, UI TAX ADMINISTRATION,  
PO BOX 9046, OLYMPIA, WASHINGTON 98507-9046



# Amended Tax & Wage Report

Washington State Employment Security Department

AMEND ONLY ONE QUARTER PER FORM - YOU MAY MAKE COPIES OF THIS FORM BEFORE USING

1) FEDERAL ID NUMBER

2) UBI NUMBER

3) EFFECTIVE QUARTER ENDING DATE

M	M	D	D	Y	Y
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4) BUSINESS NAME

5) ES REFERENCE NUMBER

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6) PREPARER'S INFORMATION

FIRST NAME

LAST NAME

PHONE AREA CODE NUMBER

FAX AREA CODE NUMBER

	Social Security #	Name of Employee	Total Hours	Total Gross Wages As Reported	Total Gross Wages Correct Amount
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

	AS REPORTED	CORRECT AMOUNT
12) TOTAL GROSS WAGES		
13) EXCESS WAGES		
14) TAXABLE WAGES		
15) UI TAX DUE FOR THIS QUARTER		
16) EAF		
17) TOTAL TAX AMOUNT DUE		
18) LATE PAYMENT PENALTY		
19) INTEREST		
20) LATE REPORT PENALTY		
21) PRIOR BALANCE OR CREDITS		
22) AMOUNT DUE		
23) AMOUNT REMITTED		

\*REASON FOR ADJUSTMENT (MANDATORY):

MAIL THIS COMPLETED REPORT TO:  
EMPLOYMENT SECURITY DEPARTMENT,  
UI TAX ADMINISTRATION,  
PO BOX 9046, OLYMPIA, WASHINGTON 98507-9046